POSITION	INITIALS	!D NO.	DATE
			107/10/01
FEE DETERMINATION	- H	1-1/-	- 107//0101
O.I.P.E. CLASSIFIER		1/5	1/2/3/
FORMALITY REVIEW	CA	1/23	108/23/01
RESPONSE FORMALITY REVIEW	- L	1127	1010001
	-13		

## INDEX OF CLAIMS

Rejected	N Non-elected
=Allowed	I Interference
(Through numeral) Canceled	A Appeal
± Restricted	O Objected

÷	nestricted	Out - Date
Claim Date	Claim Date	Claim Date
Final Optiginal	Final Original	Final
	51	101
	52	102
	53	103
_ <del>                                      </del>	54	104
	55	105
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7	57	107
	58	108
	59	109
	60	110
<del>-   '                                   </del>	61	111
111 12 1	62	112
13	63	113
<del>-   [                                   </del>	64	114
14 15 17	65	115
	66	116
<del>-                                      </del>	67	117
18	68	118
	69	119
1 <del>p</del> 2b '	70	120
	71	121
21	72	122
22	73	123
23 &	74	124
	75	125
	76	126
26	77	127
27	78	128
28	79	129
29	80	130
	81	131
31	82	132
32	83	133
33 34	84	134
35	85	135
36	86	136
	87	137
37 38	88	138
39	89	139
40	90	140
	91	141
41	92	142
42	93	143
43	93	144
44	95	145
45	96	146
<b>46</b>		147
47	97	148
48	98 99	149
49		150
50	100	

If more than 150 claims or 10 actions staple additional sheet here

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1-0-1